

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXIV.

WEDNESDAY, APRIL 21, 1841.

No. 11.

INSANITY IN KENTUCKY.

[Communicated for the Boston Medical and Surgical Journal.]

THE writer of a valuable article in the North American Review for January, 1837, states, that "Kentucky has the honor of being the first State in the Union to establish, at the expense and under the control of the State, an asylum for pauper lunatics. In the year 1824, a spacious and commodious building was erected at Lexington for their accommodation."* We can honestly lay no claim to the peculiar honor herein ascribed to Kentucky. It belongs to Virginia. For the General Assembly of that State, held at Williamsburgh in November, 1769, passed the following preamble to an act. "Whereas, several persons of insane and disordered minds have been frequently found wandering in different parts of this colony, and no certain provision having yet been made either towards effecting a cure of those, whose cases are not become quite desperate, nor for restraining others, who may be dangerous to society, *Be it enacted, &c.*"

Article I. of the law appoints certain persons who "are hereby constituted trustees for founding and establishing a public hospital for the reception of such persons as shall be sent thereto, and said trustees shall be called the Court of Directors."

Article II. ordains that the said court of directors purchase a piece of ground not exceeding four acres, the most healthy in situation that can be procured, and as convenient as may be to the city of Williamsburgh, and contract for the building of houses fit for the accommodation of disordered persons, and provide a proper keeper and matron of said hospital, with necessary nurses and guards, and, as occasion may require, call in any physicians or surgeons for the assistance and relief of such poor patients, and to provide all necessities for their comfortable support," &c.

Article III. ordains that any magistrate within this colony be required to issue his warrant to any sheriff or constable, commanding him to bring any disordered person who may be going at large, before him or any other magistrate, and he shall examine such person and receive evidence touching his or her insanity; and if it appear expedient to such magistrates, they forthwith, by warrant, transmit such person, with or without guard, as may be necessary, to the public hospital, together with the depositions and evidence of his or her insanity; and the court of directors of the

hospital shall again examine the case; and if such person be a proper subject, they shall enter his name, and pursue such measures as the case may require.

Article IV. ordains that, "If any friend will give sufficient security that proper care be taken of such person, and that he or she shall be prevented from going at large, the magistrates or the court, of directors may deliver such insane person to his or her friend."

Article VI. ordains "That the treasurer of the colony be required to pay, to the court of directors, twelve hundred pounds for the land, building, &c., and for each person removed to be maintained in the hospital, any sum not exceeding twenty-five pounds."

Article VII. ordains that any person having estate sufficient for his or her support, and being insane, may be received into the hospital and supported out of the profits of his or her estate.

Article VIII. ordains that the court of directors make such rules for the better government of such [wealthy] person according to his or her quality, and allowance to be made out of the estate."

Article IX. ordains "That if any person in the hospital shall recover his or her senses, so that he or she may be safely released, it may be lawful for the court of directors to discharge such person."*

This, we believe, was the first asylum for insane poor in America. In the list of directors first appointed, we find the names of the leading men of Virginia:—George Wythe, Robert C. Nicholas, Peyton Randolph, Thomas Nelson, &c. These show that it was no private nor mean undertaking. The appropriation of twenty-five pounds a year for every lunatic in the hospital was continued from time to time, till after the separation of Kentucky from Virginia. In 1772 the Assembly gave "eight hundred pounds towards finishing the hospital, and making an enclosure for the patients to walk and take the air in."†

This whole arrangement seemed then to look for the security of the public, and safe keeping of the patients. The idea of cure was at least secondary and incidental. The lunatics were to be sent under the charge of a sheriff or constable; and in 1772, ten pounds was allowed by the Legislature to pay the public officer for every lunatic carried to the hospital; and in 1789, another act allowed the payment of two guards the same fee that guards receive for attending criminals to the place of safety.‡

Although this law, requiring all lunatics in the State of Virginia to be sent to this hospital, extended to the then district of Kentucky as well as the Old Dominion, it is not probable that any patient was ever sent across the mountains from this region. The means of communication were then so difficult, for want of roads, so laborious, on account of the great distance and absence of houses of entertainment on the way, and so dangerous, from the hostile Indians, that nothing but necessity or profit could then tempt even the healthy and bold to undertake the journey; and these travelled, in well-armed parties, on horseback.

In 1792 this State was separated from Virginia, and the laws of that State were, by the new constitution, continued in force in Kentucky, until

* Henning's Statutes, Vol. VIII., p. 376—381. † *Ibid.*, p. 384. ‡ *Ibid.*

others should take their place. The old law respecting lunatics, which had hitherto been a dead letter here, was of course now null and void. Yet no notice was taken of them by the Legislature of Kentucky until December, 1793, when a law was passed, directing any court of chancery to appoint a committee for every person of unsound mind, who should have charge concerning him, and provide for his support, restraint and safe keeping. If the estate of the lunatic were sufficient for the support of himself and his family, the cost of his maintenance should be charged to that estate; but if the estate were not sufficient for the support of both family and lunatic, or if he had no estate, then the court should make order that such sum should be paid out of the public treasury.* Under the administration of these committees, economy and security were the only matters regarded. Restoration to reason was not expected. Comfort was too often forgotten. The patients were sometimes put up at auction, and put into the hands of the lowest bidder; and men, the least fitted for the difficult and responsible duty, too often were made the guardians of the insane. Abuses multiplied. So far from curing this disease, cases became more and more troublesome and painful. Nevertheless, this system of committees and guardianship continued till 1822. No notice was taken of the subject by any Governor or Legislature, except to make the appropriations to pay the bills, till Gov. Adair, in 1820, urged upon the Assembly the expediency of making some better provision for the insane. But nothing was then done by that body. Again, in 1821, he says, "The provision afforded by law for persons of unsound mind, is liberal, but ineffectual. The subjects are unavoidably so situated, as, in a great degree, to be destitute of proper discipline and regular medical attendance. They are frequently surrounded by the scenes and objects which produced their disorder, and which of all others are worst adapted to 'minister to a mind diseased,' exposed to the obtrusive gaze of strangers, and subjected sometimes to the ill-judged severity of those who may have been induced to take charge of them from motives of avarice. Under such circumstances, cases of partial derangement frequently become incurable, and the wretched victim is rendered a terror to whole neighborhoods. Thus it is, that the bounty of the State is squandered, and the miseries of its subjects aggravated." "Much may be done for their comfort—for their recovery, and we are responsible for the good which we might, but will not do." "In a State Institution numbers, who might otherwise be lost to their country and their families, might be restored to the high and active duties of life." "I could demonstrate the cheapness of the proposed measure as a conclusive argument for its adoption, instead of the present wasteful and annually increasing expenditure."†

Again, in 1822, the Governor urged the matter upon the Assembly. The annual expense had increased from \$183 in 1795, to \$15,490 in 1822. And in the twenty-eight years the State had expended \$100,855, and no report is made of any cures. In 1822 there were 196 pauper lunatics supported by the State, at an average cost of \$94.75 each.‡

In December, of 1822, the asylum was established by law, the pream-

* Little L, 191. † Ky. Home Journal, 1821. ‡ Ibid, 1822.

ble to which sets forth, that "the consideration of public safety, the well-being of society, prove the necessity of providing by law for the care, comfort and safe-keeping of persons of unsound minds. A full trial having proved that the present laws are not calculated to aid in the best manner the restoration of such persons, and yet are found to be enormously expensive, for remedy whereof, *Be it enacted*, that a lunatic asylum shall be established in this State, near the town of Lexington." The law appoints certain commissioners, who are directed to purchase a lot of ground of ten or twenty acres, and erect thereon buildings sufficient for the care and safe-keeping of two hundred lunatics, having due regard to their comfort as well as safe-keeping. They were to provide for the maintenance, and plain, cheap clothing of said two hundred patients, and when ready, the governor should issue proclamation, calling all committees of lunatics to send their patients to the hospital, and all laws allowing support for such persons out of the hospital should cease. The law appropriated \$10,000 for the above purposes.

Another act, four days after the former, provided that, if any poor lunatic or idiot should be harmless, and could be safely kept, by any near relation, the courts and committees might support him as before out of the public treasury.*

A hospital, already built in Lexington for another purpose, with 17 acres of ground, including a never-failing spring of water, was purchased by the commissioners. This building is of brick, 66 feet square, four stories high, and contains 25 rooms, for the superintendent, physician, and the general purposes of the hospital. Subsequently extensive wings have been added to the main building on each side—and now the whole presents a front of 238 feet, with lateral wings running 62 feet backward, at right angles from the end of each front wing. Each front wing contains 16 rooms, and each lateral wing 32 rooms. Besides this building there is one in the rear, 20 feet square, two stories high, containing 16 small cells for the worst class of patients. In 1839, eight acres more of land were purchased, and another building containing 36 rooms was erected, at some distance from the main hospital, to avoid the danger of epidemics or contagion—for, at one time, the cholera, and at another time, the smallpox, had made great ravages in this institution.†

The whole expense of the establishment has been paid by the State. No other donations appear to have been received, from first to last. The real estate has cost \$49,587; furniture, &c., \$9,900. The whole amount of State appropriations in 17 years has been \$143,932, for the establishment and maintenance of the hospital. Besides these donations from the State, private boarders have paid to the hospital \$35,144.

In May, 1824, the hospital was ready, with all the paraphernalia of hand-cuffs, shackles, straight jackets, &c., for the treatment and security of the lunatics, according to the general notions of the time. A steward was appointed, with a salary of \$500 a year. A recent graduate was appointed house-physician, and the medical faculty of Transylvania offered their services gratuitously as consulting physicians. The resident phy-

* Acts of Kentucky, 1803. † Transylvania Journal, II.

sician soon resigned; a successor was found, who, also, in a few months, left the hospital. In 1826 Dr. Theobald was chosen to be the attending physician, with a salary of \$150 a year, and was required to visit the hospital daily. In 1829 another recent graduate was appointed house-physician, clerk and apothecary, and Dr. Theobald was dismissed from the office. At present, the hospital is under the care of one of the professors in the University, upon nearly the same conditions as Dr. Theobald held the office.

During the eight months of the year 1824, when the hospital began its operations, 54 lunatics were received, which were only a little more than one fourth of the whole number supported by the State. In the whole 17 years, 841 patients have been admitted to the Asylum, of whom 773 belonged to Kentucky, and 68 to other States. The population of the house for the first 14 years averaged 80; for the last three years, it has averaged about 132. And yet the last United States' census gives 953 insane and idiots in Kentucky—showing that only about one seventh of those who should have the benefit of this hospital, derive any advantage from it.

This Asylum was established when insanity was considered as an act of God, more than other diseases, and generally past remedy, and therefore scarcely subject of medical treatment. The projectors looked primarily to security and economy, and incidentally to recovery of the patients. And, without doubt, the Institution has fulfilled all its early promise, although it has now fallen short of accomplishing the good that more modern hospitals have done for the insane.

It is under the control of five managers, who have the sole charge concerning it. These officers have reported every winter to the State Legislature, of the history and condition of the Asylum, for the year preceding. And this Assembly also has annually sent a committee from Frankfort to Lexington, to examine personally the state of the Lunatic Asylum. Their reports have been general and brief, and mostly taken, at second hand, from the board of managers. The reports of this body are more full, but far from being complete and satisfactory. They give accounts of the lands, buildings and improvements—of the expenses and wants of the Institution. They give tables of all the patients in the hospital at the end of the year, and sometimes of all who have been in it during the year. They show the number, date of entrance, form of disease, sex, age, county or State to which they belong, and present condition, and, lastly, the deaths and discharges. The reports for the three last years have improved, and show, besides the items above mentioned, the civil state, and the manner of discharge, whether taken away by friends, eloped, or regular dismissal by authority of the officers, and the condition in which they left—stationary, improved or recovered, and likewise the diseases of which deaths have happened. But nothing is said of the cause of the mental disorder, nor of the length of the derangement previous to entrance into the hospital, save the general summary of the old and recent cases.

From May, 1824, to December, 1838, inclusive, 690 patients were admitted, including 156 idiots and epileptics. Of this whole number,

267 died,* 57 eloped, 244 were discharged, and 122 remained in the Asylum. During these fifteen years the average number of patients in the house was 89½.

Statistics for the Years 1839 and 1840.

Year.	Admitted previously	Admitted.	Whole number.	Average number.	Taken away.	Died.	ELOPED.			DISCHARGED.		Whole No. recovd.
							Stationary.	Improved.	Recovered.	Improved.	Recovered.	
1839	122	86	208	132	8	35	4	4	4	7	10	14
1840	136	65	201	137	4	35	2	2	5	3	9	13

Comparative results of different Classes for 1839 and 1840.

	Whole No.	Died.	Per cent. of Deaths.	Recovered.	Per cent. of Recoveries.	Eloped.
Old Cases - - - - -	161	44	27.3	13	8	14
Recent Cases - - - - -	61	8	13.1	14	22.9	4
Idiots and Epileptics - - - - -	51	18	35.2			3
Whole Number - - - - -	273	70	25.6	17	9.9	21

Civil state for 1839 and 1840.—Males 148—single 109, widowed 10, married 29. Females 125—single 55, widowed 36, married 34.

The most striking features presented in these tables, are, the great proportion of idiots and epileptics received, and the great number of elopements and deaths. It must be remembered, however, that the law permits those who are not dangerous, to be maintained, at the public cost, at their respective homes, provided that the cost does not exceed the average cost of maintenance in the hospital. Knowing, also, that not more than a fourth part of all the insane, in the State, have been sent to the Institution, we may readily suppose that the troublesome, uncomfortable and hopeless would be sent in greater proportion, than those who might be serviceable or not very inconvenient to friends.

Before, then, instituting a comparison of the success and mortality in this, with those in other asylums, it is but fair to deduct the number of these incurables, and also the 43 who died of cholera in 1833, from the amount of admissions and deaths, and this would leave only those from whom all hope of cure was not cut off, and who were only subject to the ordinary chances of death. But even this deduction would leave an extraordinary number of deaths, and a small proportion of recoveries. It must also be considered, that this Institution is the permanent residence of the incurable, who, unless they elope or are taken away, must die, in course of nature, at the hospital.

The great majority of deaths during the last three years, were from

* Forty-three died of cholera in 1833.

chronic diseases, or those which may be the result of old predisposing causes: viz., atrophy, 22; dysentery, chronic and acute, 16; convulsions, 10; fits, 8; consumption, 9; dropsy, 6; old age, 4; apoplexy, 4; asthma, 1; uterine, 1. Besides these, were—fever, 10; smallpox, 4; inflammation, 3; accident, 1.

The ages of these were—60 years and over, 8; 50 to 60, 10; 40 to 50, 25; 30 to 40, 27; 20 to 30, 26; under 20, 3. The average ages of these were 39 years and 7 months, which is nearly the average length of life in the Mississippi Valley. The average residence at the Hospital of those who died in the years 1838, 39 and 40, was 2 years and 7 months.

The poor of the western country are not so healthy and robust as at the east. They are not so comfortably housed. They live in log cabins and in loose dwellings. Their diet is not so well selected. They lead a more irregular life. They are, by the climate, exposed to diseases that impair the constitution. Intermittent and bilious fevers, diarrhoeas and dysentery, leave many of them less able to resist the disorders that may accompany insanity. Their habits are more restless than those of your people; they are more prone to wander; they bear less restraint; the domestic and social discipline is less regular and exact. Hence, among the insane, there is more inclination to rove about. They are impatient of the confinement of the Hospital, and they elope when opportunity offers. The Asylum is not well enclosed—only a part of the grounds being surrounded by a sufficient brick wall, the rest by a plank fence.

The treatment of the patients is suited to the varieties of the cases, and "adapted to meet the particular morbid symptoms of each individual;" for which no general rule can be given, except the good judgment of the examining physician. Labor is one of the moral means—but, for want of sufficient grounds and shops, it is of comparatively little service. All the garden vegetables are raised for the use of the establishment by the hands of the patients; all the clothing is made up by the females in the house; and most of the domestic service, of the kitchen and chambers, and the nursing, are performed by the quiet and convalescent women. And yet only 11, according to the last report, were at work; and with one exception, all of these had been in the Hospital upwards of two years. Probably there is some error in this part of the report.

This Asylum has not had the advantage of an experienced physician, who should reside in the house and give his whole undivided attention to the insane. It is yet to be hoped that the liberality of the State will supply this deficiency, and then the Institution may hope to be as successful as those in other States.

Louisville, Ky., March 17, 1841.'

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY J. C. WARREN, M.D.

REPORTED BY S. PARKMAN, M.D.

THYROCELE.—This patient, an unmarried female, *æt.* 27, born about forty-five miles south-west of Utica, N. Y., where she has always resided till

within five years, since when she has lived in Leicester, Mass., noticed, about the age of ten or twelve years, the appearance of a small tumor on the right side of trachea, about midway between sternum and hyoid bone. Its appearance was unattended by any circumstances assignable as a cause, and it remained stationary for about three or four years without causing any inconvenience. After this period of time it began slowly to increase, causing some impediment to respiration, especially after exercise, but never sufficient to interfere with her ordinary house-work. Within the last three years, however, it has increased more rapidly, with proportionate impediment to respiration. About two years since, the tincture of iodine was employed for about three weeks, but without any notable influence. She is not aware of the existence of any similar tumor among her relations or townspeople.

She entered the Hospital March 15th, 1841, and although the countenance is sallow, she bears no marks of decided ill health. The respiration is hurried and attended with a tubular sound, and she speaks with an evident effort, of which she is herself conscious; there is a slight tremulous, pulsatory movement of the light kerchief she wears to conceal the deformity. The pulse are 120 when at rest, raised to 140—160 when exerting herself in standing. Her appetite is good, and she considers herself to suffer from the disease only as far as it is an impediment to respiration and consequently to exertion of any kind. The catamenial function has been regular since the age of sixteen.

Upon examination, there is presented, upon the front of the neck, a tumor covering the whole of the trachea, and spreading out upon each side of the neck, rising somewhat higher upon the sides than upon the front; its transverse diameter being about nine inches, its perpendicular four, and its thickness say one and a half inch. The integuments are loose, and not marked by any enlarged veins. Examined by the touch, it appears divided into two lobes of about equal size, by a sulcus extending diagonally across from left to right, above downwards—this sulcus lying in such a direction as to allow the larynx to be felt between the lobes. Each of these lobes is composed of two or three lobules, the divisions, however, being less distinct; the edges of the tumor are rounded and well defined; it is closely adherent to the trachea, ascending and descending with it in the movements of deglutition. Each lobule is firm in consistence, and without fluctuation. The sterno-mastoid muscles are pushed from their situations by the tumor passing under them, but they are so attenuated as hardly to be defined. On the right side, the carotid artery is pushed from its normal situation, so as to encircle that part of the tumor, and appearing quite superficial from being forced forward by the insinuation of the tumor between it and the trachea. Its calibre is felt enlarged to the size of the middle finger, and its pulsations are very vigorous and attended with a thrill. The superior thyroid artery of this side is also felt entering the tumor superiorly, and likewise enlarged. On the left, the artery does not appear displaced, although it can be felt pulsating near and under the edge of the tumor. There is a manifest shock communicated to the whole tumor from its proximity to the arteries.

Remarks by Dr. Warren.—This is a peculiarly interesting case. The

patient is in tolerable health, and in the prime of life, but has a local affection, which will probably prove fatal, unless arrested or removed. The tumor already compresses the trachea, interrupts the passage of air through it, and causes a whistling noise in expiration from the narrowing of the air tube.

This tumor is an enlargement of the thyroid gland—an organ whose use is unknown, but which, from its great vascularity and cellular structure, probably generates some fluid necessary to the operations of the animal economy. We cannot discover the influence on the healthy functions caused by a change in the organization of this body. But I have never seen a healthy looking person, who had suffered a considerable enlargement. Operations upon it, even of a slight character, sometimes produce great constitutional disturbance. The lungs seem to be more disturbed in this case than other organs. I have known the passage of a small seton through an encysted thyroid, followed by fatal pulmonary inflammation.

The forms of disease in the thyroid gland, which I have had an opportunity to notice, are the following:—

1. Goitre. A smooth, uniform, elastic enlargement of the gland, without induration. It occurs principally in the interior country, especially upon the great rivers, and is often reduced by the residence of a few weeks upon the sea-coast.

2. An indolent, indurated enlargement—not malignant—producing disturbance by pressure on the trachea, bloodvessels and nerves. In two such, where one lobe of the gland only was enlarged, I have removed it without severe consecutive symptoms.

3. Encysted thyroid. A smooth, rounded, lobulated tumor, containing blood or bloody serum. The fluid is contained in one or more sacs, formed in the cells of the gland, and separated from each other by the fibrous partitions of the gland. This disease is not malignant. I operated on two such cases last year. The fluid was drawn repeatedly by the trochar and canula. It was sometimes blood, sometimes colored serum, and at last pus. When it consisted of blood, the discharge continued after the fluid first contained had been removed, and required careful plugging, or sewing the aperture made by the trochar. In both of these cases I ultimately passed setons. In the first, the tumor was very much diminished, became pendulous, and I was willing to extirpate it. In the other, as already stated, inflammation of the lungs occurred, and the patient, an unhealthy female, aged 35, died a few days after.

4. Aneurismal thyroid. This is characterized by an extraordinary development of the carotid and thyroid arteries. That of the former exists in the case described here; that of the latter occurred in the first case related under the third head. The thyroid arteries were enlarged to the size of crowquills; all four could be distinctly felt through the skin, and might have been readily tied. This species is dangerous to operate upon, from the disposition to hemorrhage, both primary and secondary.

5. Scirrhus thyroid. This is quite rare. It is a hard, knotted tumor, painful, growing to a large size, cannot be operated upon, and is surely fatal. Fungoid disease in the thyroid gland I have never met with.

The case related here, is a mixed case. It is an indolent, indurated, lobulated enlargement, accompanied with an aneurismal state of the right carotid, which has three or four times its natural size. An extraordinary vibration is felt in this artery, which extends to the heart, producing the same phenomenon in this organ, and which extends over the whole body, producing a pulse of 120 in the horizontal posture. The extirpation of such a tumor would be followed by enormous hemorrhages, both primary and secondary.

The result of a consultation with Drs. Hayward, Townsend, Jeffries and Holmes, was that this tumor ought not to be extirpated by an operation. What course should be pursued in this case? The disease is progressive, and the patient is anxious for its removal. Remedies, as iodine, externally and internally, have been assiduously employed since her entrance, and produce no influence. Could it be removed by detachments, either by the knife or ligature? Should it be treated by caustics or setons? or should the carotid artery be tied? These questions must be answered hereafter. In the mean time the treatment by iodine is continued.

CASE OF UTERINE POLYPUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following case of mola, which came under my observation some time since, may not be uninteresting to some of your readers.

Mrs. G—— was confined with her first child on the 21st of January, 1841, after a pretty severe labor under my superintendence. January 23d I called to see her, and found her as comfortable as was expected. She continued gaining until the 31st, when by overdoing and taking cold, as she said, she was confined to her bed two or three days, during which time I called to see her. I found her complaining of pain in the head and across the pelvic region; bowels costive, pulse 90, and tongue slightly coated. Resorted to venesection; administered cathartic, Dover's powder and spts. nitre dulc.; ordered fomentations to be applied to the abdomen, &c. She soon recovered, and I heard nothing more of her until the evening of Feb. 6th, when I was summoned to her bed-side in haste, by her husband. I found her laboring under severe uterine hemorrhage, accompanied with regular uterine contractions. The patient was very much reduced in consequence of profuse sanguineous evacuations. By the free internal use of the acetate of lead, secale cornutum, &c., and cold external applications, the hemorrhage was partially arrested; it however frequently recurred during the night and following day, until about 6 o'clock, P. M., when the pains recurred more frequently and forcibly than previously. About half past 6 o'clock, there was expelled a carneous substance, about as large as a medium-sized pear, and somewhat of the same shape, weighing seven ounces, smooth on the surface except at the apex, which had the appearance of having been attached to the uterus. On cutting into it with a scalpel, I found it to be about as hard as common muscle. There were but few bloodvessels in it, and these mostly near the surface.

On the expulsion of this mola, the hemorrhage ceased, and the patient recovered slowly, but steadily.

Quærics.—Was this polypus a blighted fœtus? and if so, had it remained within the uterus during the whole period of utero-gestation? Or was it consequent on superfœtation? Or was it organized coagula, formed subsequent to parturition?

A. B. EDMONDS.

Navarino, N. Y., March 16th, 1841.

ALLOPATHY VS. HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

SAMUEL ANDERSON, æt. 28, had yellow fever, five months ago, while on the coast of Sumatra—recovered from the attack, but was left with a dropsical state of the body, attended by extreme paleness of the skin, tongue, lips, &c.—had a frequent and hard cough, a wave-like, feeble and fluttering pulse. With these symptoms patient presented, on admission to the U. S. Marine Hospital, March 12th, a cadaveric appearance—became listless, would not reply to questions, and was at times delirious. Quinine in small doses was administered on his entrance. The cough assuming a severe character, the quinine was omitted, and a cough mixture directed. Five days from entrance this mixture was discontinued, and 25 pills, each containing one grain of sulph. quinine and one grain of sulph. of iron, were placed on patient's table, with the direction that a single pill should be given him every third hour. During the afternoon and succeeding night patient "helped himself" to the whole number of pills made up for him, and in the morning sent for more. At this time he complained only of slight pain in the abdomen. Demulcents were ordered him, and a strict watch directed to be kept of any untoward symptom that might arise. The pain in the abdomen soon subsided, and by the aid of medicine a good discharge from the bowels was effected on the following day. The pills, as above ordered, were continued, but with more care in their administration. From this time the progress of patient's recovery was rapid; and on the 5th of April he was discharged well, with a ruddy complexion, and strength sufficient to enable him "to go aboard."

The following extracts from my note-book may not be uninteresting in their connection with the foregoing case.

"Sept. 6th, 1831.—During a call made this day on the venerable Dr. Fisher, of Beverly, he spoke of his use of opium in large doses. In the case of a girl afflicted with severe spasms, the nature of which he did not disclose, he administered 70 grains of opium—'best Turkey'—at a single dose; and this was repeated for months, as often as the spasms recurred. They were not, as Dr. F. remarked, to be controlled by any other medicine. These spasms became gradually less severe, and the large doses of opium were as gradually diminished, till at length the patient recovered.

"Another case Dr. F. relates of a patient with cholera, to whom, when to all appearance dying, whose countenance was most pallid, features sunken, muscles all relaxed, respiration and pulse nearly extinct, he gave

60 grains of opium. Immediate vomiting took place; about 10 grains of the drug, as Dr. F. supposes, were thrown up, and the patient quickly revived; and from that moment his cure steadily progressed."

Chelsea, April 7, 1841.

C. H. STEDMAN.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 21, 1841.

MEDICAL MISSIONARY SOCIETY OF CHINA.

A SPECIAL meeting of the Boston Medical Association was held on Wednesday afternoon, of last week, of which Dr. Bigelow was Chairman, and Dr. J. B. Gregerson Secretary, for the purpose of hearing statements from the Rev. Peter Parker, M.D., respecting the condition and prospects of the hospitals of China. Having been familiar with the fame of the gentleman, through various missionary and other benevolent publications, we were fully prepared to be both entertained and enlightened. Dr. Parker, it seems, is a native of Massachusetts, educated, medically, at New Haven, and went abroad under the auspices of the Board of Foreign Missions in 1834. In 1835, a hospital for the gratuitous medical relief of the Chinese was established at Canton, and subsequently one at Macao. The rich and poor have alike received the advantages of the institutions.

That the Chinese are more ignorant of medicine and surgery than of most other things which confer direct physical benefit on the race, will not be questioned by those who have the leisure to investigate the present condition of either, as practised by them. In the eleventh century, Partou, the Celsus of China, who was beheaded for the horrible act of trepanning, or the proposition to trepan, a certain great dignitary, evidently had made bold and useful advances, but nearly all that is now known of him is through tradition. At present, there is neither study, dissection of human bodies, nor systematic scientific instruction in any department of medicine. When a person dies who has been successful with his nostrum, the secret is sold to the highest bidder, who does the best he can with them. It is obvious, therefore, that the Chinese have no confidence in such practitioners. Knavery and quackery, of the most ingenious and yet of the most absurd character—so glaringly deceptive, that it seems strange indeed that the true object is not suspected and repudiated by all intelligent people—stare the traveller in the face in the streets. For example, a man who draws teeth, strings them together, and allows them to hang from his horse's head to the ground, the evidences of his skill and extensive practice. Another deals altogether in plaisters—which, after being worn, are returned; and Dr. Parker has seen a shop covered with them, the most incontrovertible of all testimony of the high repute of the doctor who has them at his disposal. Dr. Parker once passed a man with his whitelowed finger thrust into the abdomen of a frog—the poor writhing reptile being tied on to cure the disease. This was a celestial prescription from a native of the celestial empire. In the case of a drowned child, instead of endeavoring to re-establish the functions of the lungs, the rectum was inflated with a quill. The wife of a hong merchant, after confine-

ment, had constipation—and for the purpose of removing accumulations in the lower bowel, a native physician sent to the hospital to borrow an instrument “*something like a corkscrew to bring it away.*” Half an ounce of castor oil restored the lady to health.

There is deplorable ignorance in the treatment of diseases of the eyes. What can be worse than blowing in powders! But we cannot enlarge on the cruelties growing out of positive ignorance. No class of practitioners in the world attach so much importance to the pulse, as the Chinese. They feel the whole length of the arm, and minutely recognize the variations for every half inch, if such exist, which is indeed problematical.

Smallpox is one of the long-established scourges of China, carrying off immense numbers. Dr. Alexander Peirson first introduced vaccination, many years ago, which has been principally kept up for thirty years by a native, now about sixty years of age, who supposes that he has vaccinated at least a million persons himself. From other sources, however, we know that the practice is almost confined to Canton and the neighborhood of the foreign factories.

Of all the maladies to which the Chinese are predisposed, tumors and blindness are the most numerous. Drawings were exhibited to illustrate Dr. Parker's narrative of his operations for the removal of some of the former, altogether remarkable for size: they were truly Cyclopean. He removed one, successfully, from the nates of a little girl, that would startle the surgeons in this part of the world, with all their tact and science. On the other hand, it should be borne in mind that the Chinese are not much more excitable than an oyster, and consequently nothing is to be apprehended from those severe inflammations and that nervous irritability which often defeat the best surgical endeavors in this country and Europe. Dr. Parker has operated sixteen times for cataract in a single day! Surely there can be no excuse for not being an expert oculist, and probably without making the mortifying acknowledgment that he had spoiled “*a hat full of eyes,*” as Baron Wendell did, before he understood how to operate.

The main object which Dr. Parker has in view, in re-visiting the United States, is to interest the benevolent to raise funds for sustaining the hospitals now in being. The average annual expense is not far from \$2000. At Macao an edifice, with spacious grounds, which originally cost \$20,000, has been secured for \$5000, which will comfortably accommodate 200 indoor patients. Already, it is supposed that 8000 persons have received medical aid since the establishment of this important charity. Of the claims of the institution, and of the moral and scientific qualifications of Dr. Parker to conduct the establishment, there is no necessity for speaking—they are admitted by all, without a reservation of any kind. The resolutions of the Boston Association sufficiently evince the confidence the members repose in the ability, benevolence and enterprise of Dr. Parker, all of which may hereafter be enlarged upon with reference to the importance of the object as a means of extending the blessings of Christianity through the vast but benighted empire of heathen China. The following are the resolutions:—

1. That the measures which have been pursued in China by the Rev. Peter Parker, M.D., as a Christian Missionary, merit the highest commendation, as exhibiting to the Chinese a compliance with the great law of love, which distinguishes the Christian religion.

2. That the course pursued by Dr. Parker is to be commended for its

prospective, as well as immediate effects, inasmuch as, while he has afforded relief to the sick and suffering, the treatment of them has been made to furnish instruction to native Chinese, by whom a knowledge of medicine and surgery may be rendered more extensively useful among their numerous countrymen.

3. The disinterestedness and personal sacrifices of a missionary, who banishes himself from his own country, as Dr. Parker has done, to labor in a foreign land, add very much to the interest which the objects of his pursuit are well calculated to inspire.

4. That the benefits to be obtained by a continuation of the labors of Dr. Parker, with those of such coadjutors as may be joined to him, are so manifest and practical, and the prospects opening from them promise so much benefit to the mercantile intercourse of our countrymen, as well as to the Chinese nation, that his plans must undoubtedly obtain the support of our citizens, if they can be brought distinctly before them.

5. That, accordingly, this Association invite the attention of men of property to the medical establishments in China, and earnestly recommend that they should furnish such assistance as shall give a permanent maintenance to these establishments.

6. That a committee be appointed to consult with any persons who may take an interest in the subject of the medical establishments in China, and to take such measures as may seem to them expedient, to obtain the aid required.

It was voted that Drs. Jackson, Warren, Shattuck, Hooper and Bowditch, be a committee to carry into effect the sixth resolution.

The following-named gentlemen were appointed a committee for the purpose of publishing the resolutions:—James Jackson, John C. Warren, George C. Shattuck, Walter Channing, Edward Reynolds, Solomon Townsend, George Hayward, John Jeffries, Enoch Hale, Woodbridge Strong, John B. S. Jackson, J. V. C. Smith, John Ware.

Observations on Ergot.—At a late meeting of the Medical Society of the State of New York, John B. Beck, M.D., the well known professor of *Materia Medica*, &c., in the College of Physicians and Surgeons, read a paper on *ergot*. It may in fact be called an essay on the abuse of *ergot*, since he endeavors to show that it has been an engine of destruction from the day of its introduction into practice. Of its specific action on the uterus, not a doubt is entertained: he brings an abundance of evidence, from unquestionable authority, to prove that abortion may be produced by *ergot* in any stage of pregnancy. So far as experiments have been made upon brutes, the specific effects are unvarying. This, therefore, being admitted, Dr. Beck next inquires into its utility in practice. The conclusion of the argument is, that it is positively injurious—always to the child, if not to the mother, when prescribed with a view of quickening the muscular power and activity of the uterus. This publication has produced a new train of thoughts upon this subject. If any one can confute Dr. Beck, he is bound to do so. *Ergot* must be wholly and forever abandoned, or must be freely used. Dr. Beck, by a collection of irresistible facts, appeals both to the conscience and the understanding. There is much more to be said on this grave topic.

Library of Practical Medicine.—The fourth volume is ready for sale, by those enterprising publishers, Messrs. Lea and Blanchard, with a multi-

trade of notes and valuable suggestions by Dr. Gerhard, the American editor. In the preface to the volume before us, occur the following observations. "The fourth volume of the Library covers a more extensive field than those which preceded it, and includes subjects which have not as close a relation to each other. There are, in fact, three distinct series of articles, each of which would, under ordinary circumstances, constitute a volume. The first and last series relate to diseases of the digestive and uterine organs, and are condensed and excellent treatises." To all this we fully subscribe, knowing full well that no person can study Dr. Tweedie's Library of Practical Medicine, without feeling that the volumes are not surpassed in any language. Drs. Jay, Symonds, Thompson, Christison and Simpson, are the leading writers in the fourth volume. We again urge upon the friends of medical science and literature, the sterling claims of this admirable work.

Connection of Mental Philosophy with Medicine.—Such is the title of an essay by Nathan Allen, M.D., editor of the American Phrenological Journal, published at Philadelphia. It was presented by the author to the faculty of Pennsylvania Medical College, March 1st, 1841, as an inaugural thesis for the degree of doctor in medicine. A press of communications and books totally forbids such a notice of Dr. Allen's pamphlet, this week, as the subject demands.

Vital Statistics of Boston.—In the last No. of the American Journal, there is an able and uncommonly valuable statistical paper, of 32 pages, by our friend Lemuel Shattuck, Esq., which is also necessarily passed over the present week, without receiving that notice which its high character demands.

Dr. Jules Guérin.—Dr. J. B. Brown, of the Orthopedic Institution, Belknap street, has kindly sent for our use a recent pamphlet, entitled "Mémoire sur l'intervention de la pression atmosphérique dans le mécanisme des exhalations séreuses," &c., by Dr. Guérin, of Paris, from which extracts will hereafter be made. Dr. Brown says it contains much that is novel, and that the author is a most untiring investigator.

Insanity in Kentucky.—The first article in to-day's Journal, by an esteemed western correspondent, is one of much interest. The great progress which has been made, the last ten years, in the provisions for the insane and their treatment, renders any account of what was thought and done upon the subject in olden time particularly interesting. Our correspondent has therefore done good service by collecting with much care all that was attainable relating to the first public efforts made in this country in behalf of this large and most unfortunate class of sufferers.

DIED.—At Watervliet, N. Y., Dr. John G. Van Zandt, 68.—At Coeymans, N. Y., Dr. Jesse Smith, 62.

Number of deaths in Boston for the week ending April 17. 25.—Males, 16; Females, 9. Stillborn, 2. Of consumption, 2—cholera morbus, 1—intemperance, 2—lung fever, 4—dropsy on the brain, 1—measles, 8—smallpox, 2—child bed, 1—debility, 1—dropsy in the head, 1—marasmus, 1.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a stated meeting of the Censors for the First District, at the house of the subscriber, No. 9 Franklin street, Boston, on Thursday, 21st of May, at 4 o'clock, P.M.

A 21—optm

JOHN JEFFRIES,

Secretary of Censors.

ORTHOPEDIC INFIRMARY

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We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Hamplereys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint, J. V. C. Smith.
Boston, April 14, 1841.

DR. J. J. MOORMAN.

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.
October 23d, 1840.

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MEDICAL TUITION FOR 1840—41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

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DR. STEDMAN, Chelsea Marine Hospital,
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S. 16—eoptf.

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M 31—eop3m

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The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; D. Crosby, Hanover; L. S. Bartlett, Kingston; L. Bartlett, Haverhill; F. P. Fitch, Amherst; Mr. J. H. Wheeler, Dover; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury.

A TREATISE ON STRABISMUS, OR SQUINTING.

AND THE NEW Mode of Treatment—Illustrated with Engravings and Cases. By John H. Dix, M.D. Just published, and for sale at the office of the Boston Medical and Surgical Journal, and at the store of William Crosby & Co., 118 Washington street. Price 50 cts. A few copies have been done up in paper covers, so as to be sent by mail.

Ap. 14

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

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